EXHIBIT C

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

- - -

GARY B. FREEDMAN, ESQUIRE, Administrator of the ESTATE OF ABRAHAM STRIMBER, deceased and BRACHA STRIMBER,	:	NO. 2:13-cv-3145-CDJ
Plaintiffs,	:	
v.	:	
STEVEN FISHER, M.D., et al.,	:	
Defendants.	:	

- - -

Tuesday, March 18, 2014

- - -

Videotape deposition of MARGO E. TURNER, M.D., taken pursuant to notice, was held at the law offices of Christie, Pabarue & Young, 1880 JFK Boulevard, 10th Floor, Philadelphia, Pennsylvania, commencing at 10:40 a.m., on the above date, before Amy M. Murphy, a Professional Court Reporter and Notary Public there being present.

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MATT MERIN - VIDEOGRAPHER

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THE VIDEOGRAPHER: We are now on the record. My name is Matt Merin. I'm a videographer for Magna Legal Services. This is a video deposition for the United States District Court for the Eastern District of Pennsylvania.

Today's date is March 18th, 2014 and the time is 10:40 a.m. This deposition is being held at 1880 JFK Boulevard in Philadelphia, Pennsylvania in the matter of Gary B. Freedman, Esquire and Bracha Strimber versus Steven Fisher, M.D., et al. The deponent is Margo Turner, M.D. This deposition is being taken on behalf of the plaintiff.

Will all Counsel please identify themselves?

MR. AUSSPRUNG: Leon Aussprung on behalf of the Plaintiffs.

MR. YOUNG: Jim Young. I'm

here on behalf of Dr. Turner, nurse practitioner Martinez, and Abington Memorial Hospital.

MR. CAMHI: Don Camhi for Dr. Fisher and Abington Emergency Medicine Associates.

MR. GOEBEL: And Chad Goebel on behalf of Dr. Muttreja.

MR. AUSSPRUNG: Also present is James Hockenberry on behalf of the Plaintiff.

THE VIDEOGRAPHER: The court reporter is Amy Murphy who will now swear in the witness.

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MARGO E. TURNER, M.D., after having been duly sworn, was examined and testified as follows:

- - -

EXAMINATION

- - -

BY MR. AUSSPRUNG:

Q. Good morning.

A. Good morning.

Q. My name is Leon Aussprung. We were just introduced and I represent the Strimber family that's brought a lawsuit against yourself and some others.

Have you ever been deposed before like this?

A. No.

Q. Could you state your full name for the record?

A. Margo Eleanor Turner.

Q. And what is your profession?

A. I'm a physician.

Q. What kind of physician?

A. Internal medicine.

Q. Are you board certified?

A. I am not.

Q. Let me first give you a few instructions. I know you're represented by Counsel here and you had an opportunity to talk with him beforehand, but I want to make sure we're on the same page.

A. Um-hum.

Q. Everything that's being

spoken is being taken down by our court reporter. She can only take down words. So, you may nod your head and say "uh-huh" like you just did a moment ago.

A. Yes.

Q. We'll all be very clear that you mean "yes." But later, when we read the written transcript, it may not be clear.

A. Okay.

Q. And it's very important today when I try and get some answers to questions, whatever your testimony might be, it's very important to all the lawyers that whatever that testimony is, it be clear on the record and that it can't somehow be misinterpreted by a lawyer at trial or at some other stage of the proceedings. So, we will remind you. We'll say, "did you mean yes?"

Sometimes we might ask a question in the form of a negative and you may say "no" and it will be a little unclear as we listen to it. And so we'll

say, "would you agree that" and we'll repeat it. We're not trying to harass you in any sort of way. We want to be absolutely certain that whatever your testimony is, it's very clear on the written record; okay?

A. I understand.

Q. Sometimes I ask questions that are less than clear. Sometimes they're poorly-phrased questions, you might be confused about something I ask. Perhaps you're looking at a medical record and your mind drifts off for a moment and you don't hear my entire question. If for any reason you don't understand my question, please, let me know; all right?

A. I will.

Q. To the extent you do provide us with answers today, we're going to assume you understood my question; okay?

A. I do.

Q. If you need to take a break, there's no rules about that. I

understand you have some medical problems. Whatever you need to make this as comfortable for you as possible, if you need water, we can take breaks every five minutes. There's no rules about that. We're happy to accommodate you in any way that we need to.

A. Those issues will not interfere with what we have to do today.

Q. I'm sure they won't. But I just want to let you know that if you're uncomfortable or you want to talk to your lawyer or you just want some air because you're upset --

A. Yes.

Q. -- that's fine. Just let us know and we'll take a break; okay?

A. Okay.

- - -

(Whereupon, Exhibit Turner-1 was marked for identification.)

- - -

BY MR. AUSSPRUNG:

Q. Prior to today's deposition,

I was given a copy of your curriculum vitae which I've marked as Exhibit-1.

Is this CV something that was prepared for this litigation or is this a CV that you had prepared previously?

A. Previously prepared.

Q. Is there anything on this CV which is no longer accurate?

A. This CV is up to date in terms of my current employment, yes.

Q. Where are you currently employed?

A. Jeanes Hospital.

Q. And what is your job there?

A. I work as a house physician there.

Q. What does that mean?

A. I'm responsible for the admission of patients to the medical service and response to patients who are in the hospital who have acute problems that require a physician to respond to them immediately.

Q. Are you an attending physician at Jeanes Hospital?

A. I'm an attending but I don't have a service there. I don't admit patients through a service. I'm hired by the hospital to admit to the medical service and to do that response that I just mentioned to you.

Q. But you have attending privileges?

A. I do.

Q. Just getting back to your education and training, you did, it looks like, a year internship and then two years of residency in internal medicine at Albert Einstein.

A. That is correct.

Q. Did you ever sit for the boards in internal medicine?

A. I did not.

Q. Is there a reason why you've chosen never to sit for the boards of internal medicine?

A. At the time that those

boards were going on, I had a problem in my family with my mother and I elected to pay attention to that and I did not sit for the boards. As the years went by, I had my work and my employment and I -- it's not something that I pursued.

Q. Has not being board certified in internal medicine ever affected your ability to obtain any sort of privileges or credentials at a hospital?

A. It has not.

Q. We're going to be dealing with some events that happened back in February of 2012. I'm just looking at your curriculum vitae here.

Who was your employer in February of 2012?

A. I was employed by Abington Memorial Hospital.

Q. And they are the people that actually sent you a paycheck every couple weeks?

A. Yes.

Q. Have you ever published anything in any peer review literature?

A. I have not.

Q. Do you receive any publications regularly?

A. I receive New England Journal of Medicine weekly and I also subscribe to the Clinical Problems in Emergency Medicine series that's published once a month.

Q. Anything else?

A. No.

Q. Are there any journals or literature that you would consider to be authoritative?

A. No.

Q. Do you own any textbooks in internal medicine?

A. I do.

Q. What textbooks do you own?

A. Harrison's Principles of Internal Medicine.

Q. Would you consider that textbook to be a reliable authority of

internal medicine?

A. I would say that's a reference that I refer to.

Q. Would you consider it to be a reliable authority or you're not sure?

A. No.

Q. Have your privileges to work at any hospital or credentials with any insurance company ever been disciplined or restricted?

MR. YOUNG: Objection to the form. Credentials with an insurance company?

MR. AUSSPRUNG: Let me ask it a better way.

BY MR. AUSSPRUNG:

Q. Has there ever been any action taken on your license to practice medicine?

A. Yes.

Q. Can you tell me what action was taken?

A. My license was suspended for a period of about six months.

Q. When was that?

A. The period of 2004 to 2005.

Q. What were the circumstances surrounding that suspension?

A. I was not able to financially keep up with the payments of my tail coverage, so that I arranged with the State a payback plan for the tail coverage. But until that happened, I was suspended for the six months. To me, that it was a malpractice insurance tail coverage issue only.

Q. So it had to do with the Pennsylvania legal requirement for insurance?

A. Exactly.

Q. It didn't have any -- the action on your medical license didn't have anything to do with patient quality of care?

A. It did not.

Q. Any other actions ever taken against your medical license?

A. None.

Q. Has any hospital ever disciplined you?
A. No.
Q. Has any hospital ever limited or suspended your privileges to practice?
A. No.
Q. Has any insurance company ever suspended your ability to submit claims to them or anything of that nature?
A. No.
Q. Have you ever been a defendant in a medical malpractice lawsuit other than this one?
A. I have not.
Q. I think you said this is the first time you've ever given a deposition; correct?
A. Yes.
Q. Have you ever been a plaintiff in any lawsuits?
A. I have not.
Q. I'm going to mark as

Exhibit-2 a copy of a Physician Employment Agreement that was provided to me previously.

- - -

(Whereupon, Exhibit Turner-2 was marked for identification.)

- - -

BY MR. AUSSPRUNG:
Q. Doctor, I'd like to start at the end on page 12.
A. Yes.
Q. Is this your signature on the last page?
A. It is.
Q. And this is the employment agreement that you had with Abington Memorial Hospital; correct?
A. It is, yes.
Q. I'd like you to go to page 4. There's a section 3.2.4 and it's titled "Quality." Do you see that?
A. 3.2.4, yes.
Q. Can you just read that to yourself? I want to ask you a couple

questions about it.

- - -

(Whereupon, the witness complies with request.)

- - -

THE WITNESS: Yes. I've read it.
BY MR. AUSSPRUNG:
Q. On the fourth line down it talks about how you, as the contracting physician, shall promote hospital policies designed to maintain appropriate standards of professional practice in the care of patients, including the hospital's quality assurance program. Do you see that?
A. I do.
Q. Where it says "appropriate standards of professional practice," where are those -- where do you draw those standards from?
A. Could you rephrase that question?
Q. Well, it says that you are

to maintain appropriate standards of professional practice. How do you, as a practicing physician, know what are the appropriate standards of professional practice?
A. I think that that applies to my ability to function to follow the training that I received and to respond to the problems that are presented to me in a fashion that is reflective of my ability to care for patients and how I should perform my duties in that regard.
Q. Are there any written standards of professional practice that you're aware of?
A. I am not.
Q. Are you aware of any protocols or guidelines concerning the evaluation of chest pain?
MR. YOUNG: You're talking about written?
MR. AUSSPRUNG: Written, yes.
THE WITNESS: I am not.

BY MR. AUSSPRUNG:
Q. Are you aware of any written or published guidelines or standards concerning the evaluation of a potential aortic aneurysm?
A. I am not.
Q. This then goes onto say, quote, physician acknowledges that hospital is fully responsible and accountable for physician's performance of his or her clinical and other services.
Is that your understanding?
A. It is.
- - -
(Whereupon, Exhibit Turner-3 was marked for identification.)
- - -
BY MR. AUSSPRUNG:
Q. I have here what I'm marking as Exhibit-3 a two-page Delineation of Privileges for Initial Appointment.
Now, my somewhat imperfect understanding is that when you obtain

privileges at a hospital, there is paperwork filled out that basically says what you can and can't do; correct?
A. Correct.
Q. Based on your training and experience and your --
A. That is correct.
Q. -- job.
So, this looks like -- if I go to the second page, it's, again, signed by you in June of 2011; correct?
A. Yes.
Q. And so is this your what they call the delineation of privileges for your practice?
A. That is correct.
Q. Okay. On the first page, the one that's checked off is Category 2: MCU-Admitting Privileges when in the Field of Expertise; correct?
A. Yes.
Q. What does that mean?
A. That means to me that I have my privileges limited to those things

which I am expert at performing.
Q. Which things are those?
A. And that is -- the main thing is that it excludes the other lists of things that are on that sheet, and those things are history and physical examination, order writing, laboratory, ordering and interpretation of studies that are ordered.
Q. You just said it excludes things that are on that sheet. Are you talking about --
A. These other things are not checked off. My privilege is checked off. The other things that are there are not checked off means those are the things that I would not do.
Q. Okay. So above where it says "Request" and there's some blanks next to lumbar puncture, thoracentesis, those are things that are not within your field of expertise?
A. That is correct.
Q. So, it looks like the only

request that you have for your privileges was arterial puncture on the second page; correct?
A. That is correct.
Q. So that -- above arterial puncture it says EKG including Pacemaker Interpretation. What does that mean?
A. Above -- you said --
MR. YOUNG: Second page.
THE WITNESS: Second page, okay.
BY MR. AUSSPRUNG:
Q. Sorry.
A. Above that, EKG, that would mean that I would be a person that would interpret EKGs and my interpretation would be then taken as the official interpretation of the EKG.
Q. Would you routinely interpret EKGs within the scope of your practice?
A. I would.
Q. But that's different because that is the official interpretation for

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the hospital?
A. That is correct, and that's done by cardiologists.
Q. But you did routinely look at and interpret EKGs --
A. Yes, I did.
Q. -- and use that information?
A. Yes.
Q. Your --
MR. YOUNG: And I was going to do the same.
Let him finish his question.
THE WITNESS: I'm sorry.
MR. YOUNG: That's okay. And he'll wait for your answer.
THE WITNESS: Okay.
MR. YOUNG: Just so the record is clear. The space that you directed the doctor's attention to, EKG including pacemaker interpretation, was not checked. It just wasn't quite clear on the record.
MR. AUSSPRUNG: Thank you.

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BY MR. AUSSPRUNG:
Q. As we do this deposition, it feels like you and I are having a conversation, but it's really not a conversation. It's my question followed by your answer. And that's kind of artificial. And it almost feels rude to wait all the way to the end and then give your answer, but that's what we need to do here. Otherwise, it looks funny on the transcript and we speak over each other and it's very hard for the court reporter.
So, it's kind of rude and it feels like you're slowing it down, but actually, in the end, it speeds it up because you may answer some question that isn't really what I'm asking, so. Sometimes you're slowing it down and making sure I'm done is the best way to go; okay?
As you sit here today, do you have any memory of Abraham Strimber?
A. I do.

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Q. You remember the patient?
A. Yes.
Q. Let's first talk about your memory and then we'll get into the records.
What documents, pieces of paper, did you review in preparation of today?
A. The medical record from Abington.
Q. Did you review the ER record?
A. I did.
Q. Did you review the -- and the hospitalization up until he died?
A. Yes.
Q. Did you review any other documents?
A. I did not.
Q. There have been other depositions like this taken, for instance, of Dr. Fisher, the emergency room doctor. Did you review that?
A. I did not.

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Q. So you haven't seen any depositions?
A. I have not.
MR. YOUNG: Keep your voice up just a little bit.
THE WITNESS: Okay.
BY MR. AUSSPRUNG:
Q. You're doing fine.
I recognize that memories are a funny thing, and sometimes we remember an event but we can't place it within a timeline. I'm going to try and go through your memory chronologically, but to the extent you're not sure when a memory is from, if it's from 4 o'clock or 6 o'clock, that's fine. What is the -- just let me know.
What is the first thing you remember about Abraham Strimber? Is it in the emergency room or up on the floor?
A. In the emergency room.
Q. What do you remember? Do you remember getting called to see the patient?

A. Yes.
Q. Who called you? How were you contacted?
A. The emergency room clerk.
Q. Was it like a page or phone call?
A. Phone call, page.
Q. Were you given some information on the phone?
A. Yes.
Q. What were you told?
A. There's an admission for you and the name of the patient.
Q. Okay. Just that there was an admission?
A. Um-hum.
Q. Yes?
A. Yes.
Q. It's one of those times --
A. Yes.
Q. -- "um-hum" and nod.
A. Yes.
Q. Happens all the time.
All right. And do you know

what time that phone call came at?
A. I do not recall the time.
Q. What did you do?
A. I went down to the ER.
Q. Do you know approximately what time you arrived in the emergency department?
A. I might be able to get a time from the medical record, but I don't recall the time.
Q. Okay. We'll look at that. And there are some times written down there.
I'll represent to you the medical record, the first times I could see in there were around 3:58 p.m., almost 4 o'clock. Is that about the time that you remember?
A. That feels later to me.
Q. You may have been there before, doing things before there was anything documented.
A. Yes.
Q. So, you went down to the

emergency department. What did you do? Did you see the patient? Did you talk to one of the nurses or doctors?
A. Um --
Q. And you may not remember.
A. I do remember.
Dr. Fisher spoke with me about Mr. Strimber.
Q. So you spoke to Dr. Fisher before seeing the patient?
A. Yes.
Q. And what do you recall of that conversation?
A. That conversation usually involves --
Q. No. That's not my question though.
A. Okay.
Q. I understand there's, like, a general practice and you have a way of doing things and you know your routine is to always do things a certain way.
A. Okay.
Q. This is different. This is

an actual memory.
A. Okay.
Q. So, I know you have a general practice, and I'm not suggesting you didn't do it that way, but I just want to find out what you remember as you sit here today.
So, do you remember anything about that conversation?
A. I do. I remember him mentioning Mr. Strimber to me and just saying I have a patient who needs to be admitted to medical service, and a brief summary of he presented with the following findings. He said, these are the things that I did, I think he needs to be admitted, would you take care of that part of things.
Q. Do you remember any of the findings that Dr. Fisher specifically told you?
A. We talked about the fact that Mr. Strimber had abdominal pain, the nausea, the vomiting, the foods that he

had eaten in the hours prior to that, what evaluation had been done in the ER to evaluate those symptoms and what the reason for admission would be.

Q. Did Dr. Fisher, in that initial conversation, mention to you that Mr. Strimber had an artificial heart valve?

A. He did.

Q. Did he mention -- did Dr. Fisher mention to you anything about pain in the chest?

A. He did not.

Q. Did Dr. Fisher mention to you anything about pain that went through to the patient's back?

A. We talked about his abdominal pain, nausea, vomiting, and diarrhea. That's what I recall.

Q. Do you have any recollection of how the abdominal pain was described to you?

A. I do not.

Q. So you don't know whether it

was described as going through to the back or not?

A. I don't.

Q. Did you discuss Mr. Strimber's EKG in that initial conversation?

A. Yes.

Q. So it had been done by then?

A. Yes.

Q. Had Mr. Strimber's -- did you discuss Mr. Strimber's CAT scan results?

A. We did.

Q. So you believe the CAT scan was completed before you first came to the emergency department?

A. Yes.

Q. That helps give us a little bit of a timeline.

It looks like the CAT scan report is at least timed around 1:30 or so.

Anything else about that conversation with Dr. Fisher that you

remember?

A. No.

Q. Was the next thing you did go and see the patient?

A. Yes.

Q. Where was the patient located?

A. In one of the holding areas, one of the rooms in the ER.

Q. Was it a room?

A. They're like partitioned cubicles.

Q. And what do you recall from that initial interaction with Abraham Strimber?

A. I remember Mr. Strimber was sitting there. I interviewed Mr. Strimber initially to just evaluate what symptoms presented him to the hospital for admission. I conducted a physical examination. I left, reviewed the data then that I had, and I returned back to him to describe to him the plan of action of what was going to happen subsequent to

the admission.

Q. One of the things you did was you took -- you did a history and physical?

A. That's correct.

Q. You did it in the emergency department?

A. Yes.

Q. So as part of that history, you, again, confirmed that he had an artificial heart valve?

A. Yes.

Q. And as part of the history, did you get a description of his pain?

A. Yes.

Q. And what do you recall -- and we'll look at the note in a minute, but what do you recall of that description?

A. I remember there was abdominal pain, feeling like something exploded in his abdomen and just went up to the top of his head, and that he had eaten a series of things that are listed

in the medical record earlier that day. He had one episode of diarrhea earlier and had an episode of vomiting in the ER. When I saw him, the abdominal pain had subsided.

Q. So, the abdominal pain was no longer present when you saw him?

A. That's correct.

Q. You said something in his abdomen that went up, and I think you just said to the top of his head?

A. He -- in the medical record, my description in the history of present illness will be a description of how he described that abdominal pain to me. If we can refer to that, the details of it, I'd be more clear about it.

Q. Did you understand that his pain was limited to his abdomen or that it went up through his chest to his head?

A. My understanding was that he felt something like -- I think he described it as a vibrating sensation in his abdomen. Again, if I could refer to

that I could tell you exactly. What I wrote in that history of present illness will reflect what his words were which is then how I interpreted those things.

Q. I'm just trying to figure out what you recall from your memory.

A. I understand.

Q. All right. Do you remember anything else in the history that he told you?

A. I noted that there had been a complaint of chest pain given to the triage nurse. So, I asked if he was experiencing chest pain at the time that I saw him.

Q. And was he?

A. He was not.

Q. And in fact, he wasn't even experiencing abdominal pain when you saw him?

A. That's correct.

Q. Had he received any analgesics in the emergency department before you saw him?

A. I believe he had received morphine before I saw him.

Q. What do you remember of your physical examination, if anything?

A. I remember my physical examination to reveal to be within normal limits and not to reveal any abnormalities on the examination.

Q. Did you palpate his abdomen?

A. I did.

Q. Did you specifically feel for aortic pulsations?

A. I did.

Q. Did you detect them?

A. I did not.

Q. Are you aware that there was a note in the emergency department record that they found he did have unusual aortic pulsations?

A. I saw that note.

Q. What did you understand that to mean?

A. I thought that that was probably directing attention to whether

there was an aneurism present.

Q. But on your exam you did not have that same finding?

A. I did not.

MR. AUSSPRUNG: I'm going to mark as Exhibit-4 a big packet of papers, I think it's 12 pages long, which is the emergency department record, because I believe Dr. Turner has some orders and things in it.

THE WITNESS: Yes.

- - -

(Whereupon, Exhibit Turner-4 was marked for identification.)

- - -

BY MR. AUSSPRUNG:

Q. Now, Dr. Turner, the first place -- which might not be totally accurate -- that I saw anything was on the third page of this document under the orders.

A. Yes.

Q. I want to start in the

middle of the page where it first says "Physician Consult-Other."
A. Yes.
Q. Do you see that?
And then it says for Fisher, MD. Do you know who this physician consult -- who was being consulted for that?
A. Let me find that area.
Q. I can point to it.
A. I see it.
Q. There's two physician consults in a row. The first one, it's timed 13:59, and then it looks like completed at 14:00.
A. Yes.
Q. Physician Consult-Other. And I believe -- well, who is Majeski, do you know, M-A-J-E-S-K-I? Do you know who that is?
A. I don't know who it is.
Q. It's not an attending or anybody you're familiar with?
A. It might have been the

admitting resident who would be the first person that would be -- the ER would call about an admission.
Q. And it says it was placed for Dr. Fisher who we know is the ER attending.
A. Yes.
Q. Do you know who was being consulted, what physician was being consulted?
A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.
Q. So there was a call to the admitting resident around 14:00?
A. Okay.
Q. You would agree?
A. Yes.
Q. Now --
MR. YOUNG: Hang on. I think she said she thought it might be. I'm not sure she said

it was.
BY MR. AUSSPRUNG:
Q. Was there a resident, an admitting resident, at that time period named Dr. Singer?
A. I don't know.
Q. Okay. You said you got a phone call directly from a clerk in the emergency department.
A. Yes.
Q. Did you get any calls from any admitting residents or other people?
A. No.
Q. Was that the normal way you would be notified about an admission from the ER was a call from the ER?
A. Yes.
Q. So, I'll just kind of ask it in an open-ended way.
Do you know who was being called in this first physician consult order around 14:00?
A. I think that was probably to the admitting resident.

Q. But we don't know who that person was?
A. We don't know who that was.
Q. The second consult says "Unreferred." Do you know what this physician consult means?
A. I don't know what that means but I know what "unreferred" means.
Q. What does "unreferred" mean?
A. The first call to the resident discusses whether or not the resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the non-teaching service.
Q. Well, that makes perfect sense then.
So, that second call, unreferred, which looks like it was done around 14:08, it's your understanding that was most likely a call to you?

A. The call to me -- I thought I saw a note that specifically talks about the call to me in another part of the chart. There's a point at which my name is mentioned as a person called.
Q. Okay. Can you identify that for me? Take your time, if you can find it.
A. Okay.
MR. YOUNG: Can we go off the tape just for a moment, please?
MR. AUSSPRUNG: Sure.
THE VIDEOGRAPHER: The time is 11:12 a.m. We are off the record.
(Off video record.)
MR. YOUNG: On the paper record, Dr. Aussprung, you asked me for a copy of the order protocol for chest pain, and I have been given what I believe is that order protocol. I'm not able to tell you when this work

protocol was in force. I believe it is the one that you and I talked about and I'm happy to give you a copy. And we'll follow up just to confirm by letter that we provided it.
Does anybody else want this?
MR. CAMHI: Thanks.
MR. YOUNG: As you can see, just by way of formatted, it appears as presented to be almost right off the computer set of orders, if you will.
So, that's all we have, I think, that is representative of the protocol you asked for, but we'll certainly double check.
THE WITNESS: I see.
MR. YOUNG: Hang on. Have you found what you were looking for?
THE WITNESS: Yes.
MR. AUSSPRUNG: Let's go back on the video.

(On video record.)
THE VIDEOGRAPHER: The time is 11:14 a.m. We are back on the record.
BY MR. AUSSPRUNG:
Q. Doctor, you just had a chance to look through the ER record. Did you find when you were contacted?
A. I didn't find what I was looking for in reviewing it. I did not find.
Q. Did you find anything?
A. I find notes that begin to say orders that I placed.
Q. And it looks like, would you agree, that the first order that's placed by you is the Physician Group Consult Routine NSO by Turner, MD, at 15:57?
A. Yes.
Q. Do you have a sense of how long it took you between when you were called by the emergency department and when you actually came down to the emergency department? Was it 5 minutes,

30 minutes, an hour?
A. On that day I was able to come down immediately.
Q. So you believe, based upon this record, that you arrived sometime shortly after 14:08 p.m.?
MR. CAMHI: Sometime after what?
MR. AUSSPRUNG: 14:08, when the call was entered on the chart.
THE WITNESS: Can we go off the record for a minute again?
BY MR. AUSSPRUNG:
Q. Sure.
THE VIDEOGRAPHER: The time is 11:15 a.m. We are off the record.
(Off video record.)
- - -
(Whereupon, a brief recess was taken.)
- - -
THE VIDEOGRAPHER: The time is 11:17 a.m. We're back on the

record.
THE WITNESS: I found an entry in the emergency document notes on page 26. The second line says Dr. Green, Department of Medicine, is this an AO admission, meaning is this a resident service admission, not an AO admission.
So, that time will probably give me an idea of when it was determined that the patient was going to be admitted to the non-teaching medical service.
BY MR. AUSSPRUNG:
Q. Okay. I don't know what you're referring to because I don't believe it's been marked.
A. Yes.
Q. Is this part of that inpatient medical record?
A. It's part of the emergency department record. It's that last -- it's the last page of that. Let me just find it in the packet you gave me. I'm

referring to this portion right there.
MR. YOUNG: Can we go off the tape just for a second so I'm not testifying?
THE VIDEOGRAPHER: The time is 11:18 a.m. We are off the record.
(Off video record.)
MR. YOUNG: Let me copy this.
- - -
(Whereupon, a brief recess was taken.)
- - -
(Whereupon, Exhibit Turner-5 was marked for identification.)
- - -
(On video record.)
THE VIDEOGRAPHER: The time is 11:24 a.m. We are back on the record.
BY MR. AUSSPRUNG:
Q. Okay, Doctor. I've marked as Exhibit-5 what's been Bates stamped

AMH 0026, which is part of the emergency room record. I'll hand that to you.
Doctor, can you tell from this document approximately what time you came down to the emergency department?
A. I can't tell that, no.
Q. What can you tell from this document?
A. There's an entry that talks about the admitting resident being notified, and then it says not an AO admission. The next line is patient being admitted to observation status. That's like an admission order. And the next note is about the nurses calling report to the floor.
It doesn't shed any light on the time that I came down to see the patient, this document.
Q. Do you believe that second order that's February 22nd at 14:29 --
A. Yes.
Q. -- it reads, Diagnosis: Chest pain; correct?

A. NOS, yes.
Q. What does "NOS" mean?
A. Nonspecific.
Q. It means not otherwise specified; correct?
A. Um-hum.
Q. And what is Diagnosis 2?
A. Epigastric pain.
Q. So, when you were notified of the admission, was that your working diagnosis, what you were initially told was chest pain?
A. No. I was told I had an admission to the ER.
Q. Do you have any understanding as to why it says diagnosis, chest pain here?
A. The triage nurse's note notes that that's the complaint that Mr. Strimber had when he came into the triage booth.
Q. And he had received morphine prior to your seeing him; correct?
A. For the abdominal pain.

Q. Well, does morphine only treat pain in the abdomen?
A. It does not.
Q. Okay.
A. But the indication for the pain was not for chest pain. The indication for the morphine was abdominal pain in the ER.
Q. Do you believe that the patient never had any chest pain?
A. I believe he reported he had chest pain to the triage nurse.
Q. Do you believe the patient never had any chest pain?
A. Do I believe the patient never had any --
Q. Never actually had chest pain.
A. I believe the patient had chest pain.
Q. And why do you believe that?
A. I don't have any reason to doubt what he spoke to the triage nurse about.

Q. And in fact, you now know today that he had a thoracic aortic aneurysm; correct?
A. I do.
Q. And that would be consistent with chest pain; correct?
A. That would be.
Q. And then this had some other things in it. So after it has the two diagnoses it says, IP Area Request: Observation, dash, Telemetry.
What does that mean?
A. IP probably means inpatient area requested. Observation status is the status the patients are admitted to for the evaluation of symptoms that are felt to require a less than 24-hour evaluation, observation.
Q. So he went to an inpatient observation area?
A. That is correct.
Q. He didn't go to, like, a medical floor though?
A. He went to a medical floor.

He went to a medical floor. He went to telemetry, but he went in under observation status.
Q. Meaning the expectation was he would be less than 24 hours?
A. Correct.
Q. Then it says, not an AO admission. What does that mean?
A. Not an admitting resident service, not a resident service admission.
Q. Okay. Meaning that it was being covered by you as the unreferred service?
A. That's correct.
Q. Then the next order, you said that's a call to the floor, to the nurse about him coming up?
A. The next -- the next request time of 14:29?
Q. Right.
A. Observation, telemetry, admit.
Q. And there's an admitting bed

assigned, 3H02?
A. Yes. That's an admission.
Q. So, that's a call to an administrative person about finding a bed?
A. To the bed, to the board, yes.
Q. Do you have any understanding as to whether or not you saw the patient before or after there was a decision to admit the patient to the observation area?
A. Yes.
Q. What's your understanding?
A. The decision to admit is made and then I'm called.
Q. So you believe that the decision to admit to the observation telemetry unit was made by whom?
A. It's usually made by the emergency unit physician.
Q. You did not make that decision for Mr. Strimber?
A. No.

Q. You were informed of the decision?
A. Yes.
Q. By the emergency room attending?
A. Yes.
Q. Let me go back to those orders I was talking about on the third page of the one I marked.
A. Yes. Page 3, yes.
Q. Okay. I'm going through some of these orders. We got down to -- we talked about the physician consult, dash, unreferred. And then it says, patient placed in observation status, and I see that is an order by Dr. Fisher who is the ER attending; right?
A. Yes.
Q. And it looks like the next order, at least on this list, is the first order I see by you.
A. Yes.
Q. And it's a nutrition order timed at 15:56; correct?

A. Yes.
Q. So, do you believe that by 15:56 you had already seen the patient and done your H&P?
A. Yes.
Q. You did your whole H&P before you wrote any orders?
A. I performed it. Writing it on the chart is a different time.
Q. Sometimes people write orders before they finish their whole history and physical?
A. Exactly.
Q. So I'm just trying to figure out, did you do your entire history and physical and then did you dictate it or did you write orders? What did you do after your history and physical?
A. I put orders in so that -- I put orders in.
Q. So, you believe that 13:56 was shortly after you finished your history and physical?
A. I think, yes.

MR. YOUNG: Did you say 13:56 or 15:56?
MR. AUSSPRUNG: I meant 15:56. I may have misspoke. I apologize if I did.
MR. YOUNG: No problem.
BY MR. AUSSPRUNG:
Q. I think we're all in agreement it was slightly before 4 p.m. when you put your orders in; right?
A. Yes.
Q. And then the next order you wrote is Physician Group Consult. What is that?
A. I think that entry might refer to the patient being admitted to the medical service. I don't think that's a consult, per se. I think that's a note that talks about him being admitted to the medical service. There's not a name of a doctor right after that so I don't think that's a consult to a particular physician. I think that's the terminology for admitting to the medical

service, the hospital of service.
Q. In February of 2012 when you saw Mr. Strimber, were you an attending physician?
A. Yes.
Q. Would you refer to yourself as a hospitalist?
A. I refer to my -- the term at Abington is daylighter. It's a house physician.
Q. I saw that in the contract.
A. Yes.
Q. Would you call yourself a hospitalist though?
A. I would not.
Q. Now, did you have privileges at Abington in February of 2012 to admit a patient to your service if you so desired?
A. No.
Q. Your privileges were for admitting patients who were always under some other attending physician?
A. That is correct.

Q. And in the case of Mr. Strimber, that was whoever was attending on the Green team that day?
A. That's correct.
Q. Because they were the ones taking admissions?
A. That's correct.
Q. And my understanding, from conversations among Counsel, is that that attending was a Dr. Rampure that day?
A. That's correct.
Q. Is that your recollection?
A. Yes.
Q. Just going down the list, there's an order that you wrote that says "Doc to Nurse." What is that?
A. It doesn't say what that order is, so.
Q. Do you have an understanding of what it is?
A. I would have to see the order that I gave to interpret that. It doesn't say it. If we match that time to orders, we might be able to discern what

happened at 16:01.
Q. Is there somewhere else that there are orders written concerning these things other than here?
A. I see medication orders follow. And if I can match something to that time I could perhaps -- that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was -- you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.
Q. So, it could be the doc to nurses kind of a way that they chart a normal order?
A. Yes.
Q. We're not sure, but I understand what you're saying.
All right. Going onto the next page, the first one I have on my page is 02 therapy by cannula?
A. Yes.

Q. You placed the patient on oxygen?
A. Yes.
Q. Why?
A. I don't recall.
Q. What was the patient's oxygen saturation in the emergency department; did you know?
A. I would have to look at it to see that number.
Q. You can look.
A. I do not see an O2 set recorded in the place where vital signs where that normally would appear.
MR. CAMHI: There's a whole list of them.
THE WITNESS: Which page?
MR. YOUNG: On the second page.
MR. CAMHI: Yeah.
THE WITNESS: Second page of this?
BY MR. AUSSPRUNG:
Q. Yes.

MR. CAMHI: Under the heading of "vital signs."
THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.
BY MR. AUSSPRUNG:
Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?
A. Yes.
Q. Is it your understanding that those oxygen saturation levels were done on room air?
A. It says "room air" beside it.
Q. Okay. So, did the patient have an abnormal AA gradient?
A. No.
Q. So the patient had normal oxygen saturations on room air; correct?
A. Yes.
Q. So why did you order oxygen?
A. I do not recall.

Q. Was that an order that you standardly gave to certain types of patients?
A. No.
Q. One of the things that you were doing when you admitted the patient was that you were going to continue getting additional serial cardiac enzymes; correct?
A. That's correct.
Q. Because you had not completely ruled out some myocardial ischemia; correct?
A. Correct.
Q. You had one set of enzymes when you saw the patient that were negative; right?
A. That's correct.
Q. But you need three sets to send the patient home; correct?
A. May I elaborate a little on the question?
Q. Sure. If it's not a "yes" or "no," then feel free.

A. Because of the complaint he gave to the triage nurse of chest pain, I felt the need to consider -- further that evaluation during his admission. So, I ordered those to not ignore a complaint he had when he came in. Even though he didn't have it when I spoke to him, I thought it was imperative of me to do the appropriate evaluation to evaluate that further, and I did that through telemetry, cardiac enzymes, EKG, and a cariology consult.
Q. Did you place him on oxygen because of the ongoing cardiology workup?
A. No.
Q. Did you place him on oxygen because of his abdominal pain?
A. No.
Q. Well, oxygen is a drug; correct?
A. It is.
Q. Why did you give this drug?
A. I had the feeling that it's one of those things that on the grid of

orders that I'm doing for admission, that just -- it doesn't require you to choose it or not. It comes up.
Q. Well, when you have patients that are being evaluated for chest pain with serial cardiac enzymes, do you routinely place those patients on some amount of supplemental oxygen?
A. I don't always do that.
Q. Why did you place -- I guess it wasn't you. You didn't make the decision to place him on telemetry; correct?
A. I did not.
Q. What was your understanding as to why Mr. Strimber was placed on a telemetry unit?
A. My understanding was that was because he complained of chest pain when he came in.
Q. And as I go down now to the telemetry order, the two orders after that both deal with cardiac troponins. Those are cardiac enzymes; correct?

A. That's correct.
Q. And that's to finish out the serial cardiac enzymes?
A. That's correct.
Q. And that would be for a -- ruling out a heart attack; correct?
A. Correct.
Q. Now, you told me that when you saw the patient he was no longer complaining of any pain; correct?
A. That is correct.
Q. So, if you go to page 23 of the packet I handed you.
A. Yes.
Q. This is in orders now. If you look at this, there's one order for morphine sulfate at the top and then there's a second order for morphine sulfate which looks like it's your order; correct?
A. Yes.
Q. So, this looks like at around 15:59 you ordered morphine every four hours as needed; correct?

A. Correct.
Q. Now, if you go to the page before that, there's a little chart, the Medication Administration Summary in the ER?
A. Yes.
Q. And it looks like three -- well, there's three doses of morphine, it looks like. One of them is held at 16:04, and the other two doses are given at 15:38 and 15:40. Do you see that?
A. I see it.
Q. So, why did the patient get morphine at 15:38; do you know?
A. I would think that the morphine would be in response to having pain.
Q. Do you know where that pain was?
A. I would think it would be abdominal pain.
Q. And you knew when you saw the patient in the emergency department that the one cardiac troponin that had

been ordered was negative; correct?
A. I knew that.
Q. And you knew that a CAT scan had been done of the abdomen only; correct?
A. Correct.
Q. And what was your understanding as to why the CAT scan was ordered?
A. It was done to evaluate the abdominal pain. And also, Dr. Fisher's note indicated, I believe, that he felt a pulsation. So, it was done to exclude an abdominal aortic aneurysm.
Q. And in fact, if you look on the report, which I'll go ahead and mark as Exhibit-6 of the CAT scan, you had the CAT scan report available to you at the time?
A. Yes, I did.

- - -

(Whereupon, Exhibit Turner-6 was marked for identification.)

- - -

BY MR. AUSSPRUNG:
Q. If you look on that report, it actually says, reason for study, aortic aneurysm without rupture?
MR. YOUNG: May I have it, please?
BY MR. AUSSPRUNG:
Q. That's what it says; correct?
A. That's placed by the ER, yes.
Q. But that was the reason given for the study; correct?
A. Yes, yes.
Q. Now, did you know that you could have aortic aneurysms in the abdomen, but you could also have them in the thorax?
A. Yes.
Q. Why was it that -- did you have an -- did you have a differential diagnosis which included a thoracic aortic aneurysm?
MR. YOUNG: Did you say did

she or did you say why was it she did?
MR. AUSSPRUNG: No.
BY MR. AUSSPRUNG:
Q. Did you, at the time you were caring for Mr. Strimber, have a differential diagnosis that included thoracic aortic aneurysm?
A. I did not.
Q. You knew that they had looked for an abdominal aortic aneurysm; correct?
A. Yes.
Q. You knew he had an artificial valve?
A. Yes.
Q. Did you have an understanding as to whether or not the artificial valve placed the patient at increased risk of developing a thoracic aortic aneurysm?
A. It does and I knew that.
Q. You know that it does create increased risks and you were aware of it

at the time?
A. Yes.
Q. Why did you not consider obtaining additional studies to rule out a thoracic aortic aneurysm?
A. The absence of the patient's chest pain at the time, and I also made plans for further evaluation by obtaining the cardiology consult and doing the enzymes and EKGs that I mentioned.
Q. When you saw the patient, had he had a chest x-ray?
A. No.
Q. Why not?
MR. YOUNG: Why -- are you asking her why somebody else hadn't ordered one before she saw the patient?
MR. AUSSPRUNG: Yes.
MR. YOUNG: If she knows. Thank you.
THE WITNESS: I don't know why, but I would say that the absence of shortness of breath and

chest pain at my time might have been why. And also, the CT of the abdomen viewed part of the thorax. And perhaps that amount of information was sufficient not to require him to be subjected to the radiation of a chest x-ray.
BY MR. AUSSPRUNG:
Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic aneurysm; correct?
A. I'm aware. And the CAT scan of the abdomen did not view that area.
Q. So, a chest x-ray sometimes has findings when you have aortic aneurysms or aortic dissections that can be worrisome for thoracic aneurysms; correct?
A. That is correct.
Q. He can have a widened mediastinum; correct?
A. Correct.
Q. So, a chest x-ray might have

provided additional information as to whether there was a concern in the thoracic aorta; correct?
A. It might have.
Q. Okay. Was it your understanding that the patient in the emergency department was following the chest pain orders protocol?
MR. CAMHI: Can you repeat that, please? You said the patient was following a protocol?
MR. AUSSPRUNG: Yes. I'm sorry.
BY MR. AUSSPRUNG:
Q. Memorial Hospital has, I'm sure, a lot of policies and procedures. One of them is titled Protocol Orders. Are you familiar with the protocol orders established by the hospital?
A. No.
Q. There's a set of protocol orders on chest pain. Are you familiar with that at all?

A. Yes.
Q. Was it your understanding that all patients complaining of chest pain would get chest x-rays?
A. No.
Q. Why not?
A. I think it's an individual decision about whether or not that study is indicated.
Q. Was it indicated in Mr. Strimber?
A. At the time that I saw him, I didn't feel so, no.
Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct?
A. Correct.
Q. To ensure additional cardiac enzymes would be ordered; correct?
A. Correct.
Q. But you didn't feel a chest x-ray was needed?
A. Correct.
Q. You did get a PT. Why did

you order a PT?
A. A PT is part of standard admission orders.
Q. Well, Mr. Strimber had an artificial valve; correct?
A. Correct.
Q. Was he on Coumadin?
A. That was another reason. He was on Coumadin, yes.
Q. He was on Coumadin, okay.
A. Yes.
Q. So, what effect does that have on the danger that Mr. Strimber would face if he was in fact bleeding?
A. It would increase his danger. We measure prothrombin level, which was in the therapeutic range for someone with an aortic valve and on Coumadin. I think it was 2.8.
Q. But his INR was appropriate for somebody on Coumadin?
A. That's correct.
Q. He was anticoagulated?
A. Therapeutically, yes.

Q. And that meant that if he did bleed, his blood would not clot as quickly or as well as somebody not on any coagulation therapy?
A. That is correct.
Q. Are EKG abnormalities common in thoracic aortic aneurysms?
A. They could be present.
Q. Were any present on his EKG?
A. His initial EKG in the ER did not show evidence of an acute process.
Q. That brings us to your history and physical.
A. Okay.
- - -
(Whereupon, Exhibit Turner-7 was marked for identification.)
- - -
BY MR. AUSSPRUNG:
Q. I'm marking your history and physical as Exhibit-7.
Now, the document that I've marked here is seven pages long. Flip

through it. Is the whole seven pages your history and physical or have I over-included something?
A. That was -- it looks like it was repeated. I updated some information at the end. I went back to put some additional data in so it made it repeat some of the things. CAT scan is in there twice.
Q. And it's your memory and general practice that you would first do orders and then -- I don't know -- did you enter your H&P into the computer?
A. Yes.
Q. So, you do your orders and then do your history and physical?
A. Yes.
Q. So it looks like this history and physical on page 1 created initially at 14:09, which is --
MR. CAMHI: 4:09.
BY MR. AUSSPRUNG:
Q. I'm sorry, 4:09 p.m., you believe that time to be about accurate?

A. Yes.
Q. Do you have any reason to think it's not?
A. No.
Q. And as the chief complaint, what did you write?
A. Chest, epigastric, back pain, nausea, vomiting, diarrhea.
Q. So you were under the understanding the patient's chief complaint included chest pain; correct?
A. I obtained that from the ER triage information, yes.
Q. Well, this was your chief complaint, right, or was this somebody else's chief complaint?
A. That's written in my chief complaint.
Q. The back pain, was that pain from the chest and/or epigastric that went through to the back or was the back pain separate?
A. I would refer to history of present illness to see if I described

that further in that part of things.
Q. Okay. Please, do.
A. Patient is 61-year-old --
I'm going to read that.
Q. Okay.
A. 61-year-old male who is status post valve replacement surgery -- there seems to be a question at the time that I talked to him whether it was aortic valve and questionably also the mitral valve -- who presents to the ER for evaluation of legs vibrating and abdomen feeling like it is going to explode. Patient reports that abdominal pain is mid epigastric. He had one episode of diarrhea yesterday and has vomited once in the ER. He describes eating radishes, tomatoes, eggs, and lox today and feeling these symptoms after that. Patient had non-contrast CT of the abdomen in the ER and is admitted for further evaluation of management.
I didn't mention back pain in that development of my HPI.

Q. So, do you have an understanding as to whether the back pain was something that came through from the front or was separate?
A. You're asking whether I thought it was a separate issue than what I reported here or whether -- where did it come from when I mentioned it up at the top in the chief complaint?
Q. A lot of people complain of back pain; correct? It's a common complaint, especially in the emergency department; right?
A. Yes.
Q. Okay. So, my question is, did you believe that the back pain was related to the epigastric pain or did you believe it was not related to the epigastric pain?
A. I couldn't tell.
Q. Now, I see there's a lot of lab results and CAT scan results. Do you cut and paste those into your H&P?
A. Yes.

Q. So then let's go to the fourth page, which is page 13, at the bottom where it says "Plan Comments."
Is this your, like, assessment?
A. That is, yes.
Q. Your assessment was that the patient had chest, epigastric, and back pain; correct?
A. Correct.
Q. What does "NC CL" mean?
A. Noncontrast CT.
Q. Oh, noncontrast CT of the abdomen done.
A. Uh-huh. Telemetry, trend cardiac enzymes, EKG, anti emetics and analgesics.
Q. Okay. And number 2, you wrote history of the valve replacement surgery. Why did you list that as number 2 in your plan comments?
A. I thought it was an important thing to keep as a priority.
Q. What was important about it?

A. That certainly a patient whose had that kind of surgery is someone who requires attention -- that the presence of that surgery in his past is something that should be part of what we're considering or keeping in mind with him.
Q. Did you, at the time, have any suspicion that his history of valve replacement was in any way related to the pain he was having?
A. I didn't at that time.
Q. Now, down at the bottom of this page it says "Edit History."
A. Yes.
Q. Can you explain to me why it says "edit"?
A. I was reading that to see if anything else was written there that was different than mine, than what I said. That entire statement is the same, but I wondered -- but I think the issue is when you go to the next page. The computer updates it every time you add something

to it. And what I noticed to be different about that was that when you look at my assessment plan, there's a point in my -- yeah, when you go back to the last page, page 16, on Comments, I adjusted my plans for him and I added some things. And that was mainly the cardiology consult I added for the evaluation of problem number 1. And I think with the valve replacement I also put cardiology there, that I would await their recommendation concerning his Coumadin with the INR of 2.8.

So, whenever you make a new -- whenever you add something different, the computer updates the whole thing. So, I added cardiology to my notes to indicate that I placed that consultation, so the computer updated the whole thing. So, that's why it was edited.

Q. I want to go back to page 13.

A. Okay.

Q. If I look over to where it

says "Edit History," I look over to the right-hand column. The first four lines, it looks like, are edited by you at 4:28:30 p.m.; correct?

A. Yes.

Q. And then the last -- from there down, it's edited by you at 8:20:12 p.m.

A. That's when I got back to finishing up -- back to my chart to finish up the things that I had done earlier. That doesn't mean the time that it was done. It means when I got back to the computer.

Q. By 8:20 p.m., had the patient already had a medical emergency?

A. He had. I think that happened around 8:10.

Q. So after the patient had a medical emergency and started being evaluated by the cardiac cath lab, you went back and edited your note?

A. I think while I was on the floor attending to him and waiting for

things to get going, I went back to the computer to finish up my history and physical.

Q. So you hadn't finished it when you entered it the first time?

A. Correct.

Q. What else did you add?

A. That's the only thing that I see different that I added.

Q. Let's go to page 16. It's the last page of that document where you, again, have your comments, your assessment, and plan?

A. Yes.

Q. All right. Again, you wrote chest, epigastric, and back pain; correct?

A. Correct.

Q. And it looks like the first four things were entered by you at 4:15:46 p.m.; correct?

A. Yes.

Q. And then you went back and you edited those four things at 8:20

p.m.; correct?

A. Just to add -- well, to add the cardiology consult. I wanted to place that.

MR. YOUNG: Let me object to the word "edit." I think what she's testified to is that she's adding information.

MR. AUSSPRUNG: Fair enough.

BY MR. AUSSPRUNG:

Q. So, what information is present at 8:20 that's not at 4:15 in that note?

A. It looks -- when I read through, it just seems the only thing that's different is the cardiology consult.

Q. Right. And it looks to me like the consult cardiology was actually removed from the note.

A. It was.

Q. Not added; correct?

A. Well, both happened. First of all, if you note the time of the

cardiology consult, you'll see that it happened long before I wrote this in my note about adding it -- I mean, about it being done. So, it was done hours before. I ordered a cardiology consult on admission. When I talked to Dr. Rampure about it and presented Mr. Strimber's case to him, he told me he didn't think we needed a cardiology consult and asked me to take it out, which I did. But I'm thankful that the cardiology consult was done before I took it out. So when I went to Mr. Strimber when he got into trouble and I looked at the chart, the cardiology consult was there. So, it was done.

Q. So, at 4:15 when you initially wrote your comments, assessment, and plan, you included consult cardiology?

A. Yes.

Q. Then you spoke to Dr. Rampure and he asked you to take that out of your order set?

A. Yes.

Q. And so then when you edited it at 8:20 p.m., you removed that?

A. Perhaps that's the difference in things then.

Q. Okay.

A. But it had been done.

Q. We received an affidavit from Dr. Rampure basically just saying he doesn't have any memory of the events.

How many conversations do you recall having with Dr. Rampure about Mr. Strimber and his care?

A. Two.

Q. Let's talk about the first conversation.

THE VIDEOGRAPHER: The time is 12:01 p.m. We are off the record.

(Off video record.)

THE VIDEOGRAPHER: The time is 12:02 p.m. We are back on the record.

THE WITNESS: I was

answering my two conversations with Dr. Rampure.

BY MR. AUSSPRUNG:

Q. Correct. So, what can you tell me about the first conversation you had with Dr. Rampure?

A. The first conversation was after seeing Mr. Strimber, doing his history and physical, formulating his orders and my plan, I then called the attending physician whose services he's being admitted to say, and I present this patient, this is what I have, his symptoms, my exam, the laboratory studies, and my plan.

Q. Is that your general routine or is that your actual memory?

A. No. That's a routine that has to be done at every admission at Abington.

Q. What do you actually remember about your conversation with Dr. Rampure that first time?

A. I remember all of it. I

remember it.

Q. You remember doing --

A. I remember doing it. I remember it, yes.

Q. And did Dr. Rampure ask you any specific questions on that first phone call?

A. I don't recall specific questions.

Q. Was that initial interaction with Dr. Rampure on the phone?

A. It was on the phone.

Q. Do you remember any instructions or orders he gave you to carry out?

A. Yes. He agreed with the plan but he just said I don't think we need a cardiology consult so do you mind taking that out. And I said I would remove it.

Q. Anything else you recall about that first telephone call?

A. We were -- everything was routine. We were all right. I don't

recall anything specific about that. It was our regular way of communicating about new admissions.

Q. Do you have any sense as to what time that phone call occurred at?

A. I don't. I could estimate that it was a little bit after the orders were entered cause I usually -- but the orders have different times and that kind of thing. It's hard to tell. But sometime after I admitted Mr. Strimber before 7 o'clock. Sometime after I put the initial things in.

Q. Would it have been after you entered your history and physical into the computer?

A. It didn't have to be. It might have been before.

Q. So you don't really know what time between 4 p.m. and 7 p.m. that conversation occurred?

A. I don't recall that time.

Q. Okay. You said there was a second conversation with Dr. Rampure?

A. Yes.

MR. AUSSPRUNG: Rampure is R-A-M-P-U-R-E.

THE WITNESS: And that was --

BY MR. AUSSPRUNG:

Q. Tell me about the second conversation.

A. The second conversation was to inform him that a patient admitted to his service, Mr. Strimber, had had a change in status and had changed from a person who was stable with abdominal symptoms, now had a change in status.

Q. Do you know what time that phone call occurred at?

A. I'm going to say it must have happened sometime after 8:10 because that's the time I see in the chart that I recall to be clear to me that the nurse calls that there's a problem with Mr. Strimber.

Q. If it was sometime after 8:10 when you had the second conversation

with Dr. Rampure, why is it that you didn't make your change and remove the cardiology consult until 8:20 p.m.?

A. I had other things that I was involved in, other things, others orders of patients.

Q. What do you recall informing Dr. Rampure during the second phone call? Do you recall what you told him?

A. I recall that I told him that he had an EKG which looked acute, like he was having acute MI, that I was going to activate the cardiac cath lab, and we would get back to him in a little bit to tell him what the outcome of those things were.

Q. Anything else you remember telling him in that second call?

A. No.

Q. Did he instruct you to do anything in that second call?

A. He did not. I did tell him that the cardiology consult was done, you asked me to take it out but it was done.

We talked about the cardiologist's recommendations and we left it there. But I did inform him of that.

Q. When did you first learn the cardiology consult had been completed?

A. When I went to see Mr. Strimber when he developed an acute change.

Q. So that was sometime around 8:10, I think you said?

A. Or after.

Q. Did you ever speak to the cardiologist who did the cardiology consult?

A. I did not.

Q. Did you have an understanding as to what the cardiologist's recommendations were after he did the consult?

A. When I read it, yes, I did.

Q. And that was sometime after 18:10?

A. Yes.

Q. I'm sorry, 8:10 p.m.

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A. Yes.
Q. What was your understanding as to what the cardiologist wanted?
A. May I take a look at the cardiology consult?
Q. Yes. I'll mark it for us and we can all look at it together.

- - -

(Whereupon, Exhibit Turner-8 was marked for identification.)

- - -

MR. AUSSPRUNG: I'm marking it as Exhibit-8.
THE WITNESS: I remember that evening quickly focusing my eye on the assessment, plan, and recommendations when I went over.
MR. AUSSPRUNG: I'm sorry. Could you just read back that answer? I didn't hear.

- - -

(Whereupon, the pertinent portion of the record was read.)

- - -

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BY MR. AUSSPRUNG:
Q. Okay. What was your understanding as to what the cardiologist's assessment, plan, and recommendations were?
A. That he did not identify any acute cardiovascular issues. He wrote doubt ACS by enzymes and EKG. Some of the writing is difficult to read the next line, but he recommended checking an echocardiogram or stress test. And I think that might say either for the patient or for the a.m. I can't read that last word. And it says INR, in range.
So, my impression of reading his consult was he did not identify any acute cardiovascular issues and was agreeing with the plan to check serial EKGs and enzymes.
Q. I want to focus on that third line.
A. Yes.
Q. What's that first word?
A. I think that says sent

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enzymes and EKG. I think that says "sent." That orders have been placed for the enzymes and the EKG. I think that's what that says.
Q. I'm sorry. So go two lines below that.
A. You're going to -- oh, you're at the bottom; right?
Q. Right. The second to the last line.
A. Second to the last line.
Q. What is the first word there?
A. I don't know.
Q. What is the second word there?
A. Need to check echo or stress for, and I don't know what that last word is. I don't know what that first letter is.
Q. So you weren't sure what that recommendation was?
A. I could read echo or stress test. So, I would take from that that he

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was suggesting we order an echo or stress test.
Q. An echo would have revealed a thoracic aortic aneurysm; correct?
A. It would have. Now, he didn't call me to tell me that. This was placed on the chart -- left on the chart for us to read when we saw him. So, no one called to say, Dr. Turner, get that echo right now. And if the cardiologist wanted that, he would have ordered it right then anyway, so. He wrote that in recommendation for us to look at when he was -- the next person was going to see him, if things were going per usual, would have been Dr. Rampure the next day when he came to evaluate him. He would have seen this and ordered the echo.
If he wanted it immediately, he would have called me to say he wanted the echo, and either I or he would have ordered it. We can ask him what that first letter might say right there.
Q. I'll mark this document as

Exhibit-9 and give it to you.

- - -

(Whereupon, Exhibit Turner-9 was marked for identification.)

- - -

BY MR. AUSSPRUNG:

Q. I believe it's a nursing note.

A. Yes.

Q. There's a bunch of stuff at the bottom two-thirds of the page that's crossed out. I assume that was some kind of mistake in entry. But at the top of the page there's something called "Human Response." Do you see that?

A. Okay, but this is crossed out when somebody updates something. So, there must be a place where this is updated. It crosses out what was done before and the computer updates it to what a new entry is. But, okay.

Q. Okay. That's fine. Up at the top, I want to focus up under the "Human Response" heading.

A. Yes.

Q. And it looks like if I go just above that, that this was recorded at around 15:30 by Amber Freese. Do you know nurse Freese, F-R-E-E-S-E?

A. Not specifically, but she's a nurse.

Q. Do you know if she's an ER nurse?

A. No. She's a nurse on the floor, I believe. I think.

Q. She noted here that the patient felt a bubble-like sensation creeping up his throat which also causes metallic taste in his mouth. Do you see that?

A. I see that.

Q. Is that consistent with the history you took?

A. No. And she didn't communicate this to me. This is her assessment when he gets to the floor, but.

Q. Was this note on the chart

at 15:30 when you saw the patient?

A. I saw him in the ER, and no, this note was not on our chart. This is a note entered when he gets -- I believe when he gets up to the floor.

Q. Was your history and physical -- well, your very first order is timed at 13:58, and your history and physical says it was created at 14:09 -- I'm sorry, at 16:09. So, can we agree that by 15:30 this was entered?

A. I don't know.

Q. Was it available to you?

A. I don't know. I didn't see this note. I wouldn't have a reason to look at this kind of note again unless it was brought to my attention.

Q. Do you routinely review the nursing notes?

A. I do.

Q. But you don't believe you saw that one?

A. I don't believe I saw that one. I usually review the nursing notes

prior to admission. Once the admission is done, the nurse has the patient up on the floor and she's entering her assessment. If there's something she wants me to know or if I'm called back to the patient to do something, I can refer to that. But there's not a reason I should know that specifically because I have seen them and done the things that I wanted to do.

Q. When you reviewed the medical records in preparation for today's deposition, did you see that note?

A. I read -- yes. I read that note, yes.

Q. Okay. Do you place any significance on that note?

MR. YOUNG: You're asking her --

MR. AUSSPRUNG: Let me ask it a different way.

MR. YOUNG: Yeah, try.

BY MR. AUSSPRUNG:

Q. Now that you see that complaint that Mr. Strimber apparently told at least a nurse around 15:30, does that complaint have any significance to his clinical presentation?

MR. YOUNG: Objection. She's told you that she didn't see this before. It seems to me that you're now asking for a backward-looking opinion, which I object to you inquiring about in terms of any expertise by her. Since we're in federal court, I'm not going to instruct her not to respond, but I don't think it's an appropriate question.

BY MR. AUSSPRUNG:

Q. Let me ask it a little different way, Doctor.

Have you ever had patients complain of a metallic taste in their mouth?

A. Yes.

Q. Is that characteristic of

any conditions?

A. No.

Q. A complaint of a bubble-like sensation creeping up in the throat, is that complaint consistent with a thoracic aortic aneurysm?

MR. YOUNG: Same objection.

BY MR. AUSSPRUNG:

Q. You can answer.

A. Not specifically.

Q. And I'm going to mark as Exhibit-10 another one-page document from your chart.

- - -

(Whereupon, Exhibit Turner-10 was marked for identification.)

- - -

BY MR. AUSSPRUNG:

Q. Under 4, KBC Adult Goal/Outcome Evaluation, it appears that, again, at 19:45, the nurse again notes the same complaint as prior of abdominal bubble with metallic taste in mouth. Do

you see that?

A. I see it.

Q. You, again, did not garner that complaint prior to Mr. Strimber's death?

A. That is correct.

Q. And then the second part at the bottom of this page is an Observation Patient Notification, and it appears this documents that a moonlighter, nurse practitioner Martinez, was notified at 20:31; correct?

A. Yes.

Q. She testified that her memory was that you were together when she got that notification. Is that your memory as well?

A. Yes, it is.

Q. Tell me what you remember about that call to nurse practitioner Martinez.

A. Well, the nurse called that telemetry had reported that Mr. Strimber's EKG and heart rate had taken a

change.

Q. And did you go with Ms. Martinez to see the patient?

A. Yes, I did.

Q. You were signing out at that point; correct?

A. I was finishing up the day. My shift ended at 7 o'clock. I was finishing up notes on charge and things.

Q. It was 8:30, so you were already there late?

A. Yes. Every night.

Q. Okay.

THE VIDEOGRAPHER: The time is 12:18 p.m. We are off the record.

(Off video record.)

THE VIDEOGRAPHER: The time is 12:18 p.m. We are back on the record.

BY MR. AUSSPRUNG:

Q. So you went with Ms. Martinez to see Mr. Strimber; correct?

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A. Yes.
Q. What do you remember about that interaction?
A. Us with the patient.
Q. Do you remember having any conversations with Ms. Martinez about Mr. Strimber?
A. I remember, yes.
Q. What did you tell her?
A. I said from what they're reporting, I think I should go with you to see him.
Q. Okay.
A. I said I met him earlier in the day, I know his history, I know his story, I'm going to go with you.
Q. Did you tell her anything about his history and story?
A. I'm sure as we walked along, yes, I'm sure I told her his history.
Q. I'm sure you did.
A. Okay.
Q. But do you remember?
A. That I admitted him earlier

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with abdominal discomfort, nausea, vomiting. I thought it was an abdominal issue. Now with what they're reporting to me, there's a cardiac issue going on, we need to go and see him right away.
Q. Did you tell her that the patient had an artificial heart valve?
A. Yes.
Q. Did you tell her the patient was on Coumadin?
A. Yes.
Q. Do you remember anything else you specifically told her?
A. I mentioned that we had requested cardiology consult but that I had been asked to take it out so I'm not -- we probably didn't have it. At that point I hadn't seen the chart.
Q. So as of when this phone call came in at 20:31, you had not yet seen the cardiology consult?
A. I had not.
Q. It was when you got over to the patient's bedside that you realized

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the consult had been done?
A. That's correct.
Q. Now, did nurse practitioner Martinez say anything to you that you recall?
A. No, no.
Q. Did she say anything along the lines of today's my first day, please come?
A. We were together. It was her first day. We were signing out. I was giving her instructions, so I was staying behind a bit to work with her. I didn't go with her because it was her first day, I went with her because I knew Mr. Strimber's history and felt that I could facilitate evaluation of what was going on in a faster fashion. She knew I knew it was her first day. I mean, that's not something we had to talk about.
Q. Now, when you cared for Mr. Strimber, you believed that he was predominantly having an abdominal

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complaint; correct?
A. That is correct.
Q. And you ordered a cardiology consult that you then tried to cancel; correct?
A. Yes.
Q. Did you order a gastroenterology consult?
A. I did not.
Q. Why not?
A. His abdominal exam didn't require it at that point in my opinion.
Q. Did you order any type of -- I know he had had a CAT scan; correct?
A. Yes.
Q. Did you order any plain films of his abdomen?
A. No.
Q. Did you order upper GI or a lower GI?
A. I did not.
Q. And request endoscopy?
A. No.
Q. What were you doing to

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evaluate his abdominal pain?
A. Kept him nothing by mouth, I ordered IV fluids for hydration, I ordered pain medication. We would normally do serial abdominal exams to evaluate his abdomen in response to his complaints.
Q. Did you do an abdominal exam between 4 p.m. and 8 p.m.?
A. I did not.
Q. Did anybody that you're aware of do an abdominal exam between 4 p.m. and 8 p.m.?
A. Cardiology saw the patient. They might have done that since that's a standard part of what every physician does. And on his consult, in fact, it says, abdomen, it says soft.
Q. If the patient had no pain and was cardiovascularly stable -- he was when you saw him; correct?
A. Correct.
Q. Why was he admitted at all?
A. 61-year-old man with a

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history of aortic valve surgery complaining of chest pain in triage and having abdominal pain is someone who warrants admission for further evaluation.
Q. The two critical things you mentioned there were that he had a valve replacement and he presented with chest pain; correct?
A. Correct.
Q. Did you do a physical examination of Mr. Strimber when you saw him again sometime after 8:10 p.m.?
A. Yes.
Q. What do you recall of that physical examination?
A. I recall that it was probably limited to his heart and lungs, a brief exam of his abdomen, and I checked his extremities, something that happens really quickly because he was in distress, and that that remained the same.
Q. Do you remember if there

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were any findings or anything had changed?
A. His physical exam hadn't changed but he was diaphoretic, he was having pain, his blood pressure was low, he looked extremely uncomfortable. A major change from how he appeared in the ER.
Q. He was hypotensive when you came to see him; correct?
A. Yes.
Q. Did he have diminished pulses in his legs?
A. I do not recall.
Q. Did you check his pulses in his legs?
A. I'm sure I did.
Q. Was it your impression when you saw him sometime after 8:10 p.m. that he was having a myocardial infarction?
A. He was having an acute cardiac event of some scope. I didn't know exactly what it was. It appeared to be an acute MI, but.

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Q. And you, along with nurse practitioner Martinez, initiated a cardiology evaluation and notified the cath lab; is that correct?
A. I did. At that point I was the most senior person there. She was my nurse practitioner. I took over the care of Mr. Strimber and I made the steps necessary to get him to where I thought he should be.
Q. Was all the care provided your responsibility and not nurse practitioner Martinez's?
A. I would say that, yes.
Q. Thank you.
So, nurse Martinez didn't make any independent decisions concerning Mr. Strimber that you're aware of?
A. No.
Q. You were the one making all the decisions?
A. Yes. And we called a MET team, the medical emergency team response on him, and other doctors arrived and we

together collectively worked on him.
Q. In between when you first saw the patient in the ER sometime just before 4 p.m. and when Mr. Strimber left to go to the cath lab, you were the physician responsible for his care?
A. That's correct.
Q. And you made all the decisions during that time period?
A. Yes.
Q. Okay. Did you stay with the patient until the patient left the room, his floor bed, to go to the cath lab?
A. I did.
Q. Who came to take him? Did another physician come, a cardiologist come?
A. A cardiologist arrived in the cath lab. And once he's in the cath lab, we can then transport the patient from his place to the cath lab.
Q. Did you go with the patient to the cath lab?
A. I did not.

Q. Some kind of critical care team took him?
A. Um-hum.
Q. Yes?
A. Yes, yes. I'm sorry. Yes.
Q. At some point, did you learn what happened to Mr. Strimber?
A. Yes.
Q. What did you learn?
A. I learned that he had expired in the cath lab.
Q. Who told you that?
A. Christina Martinez.
Q. Did you ask what his diagnosis was?
A. I did.
Q. And what did you learn?
A. She said that he had a dissecting thoracic aneurysm.
Q. At that point did you go back and look at anything in Mr. Strimber's medical record?
A. I don't recall specifically, but I might have.

MR. AUSSPRUNG: Let's take a short break.
THE VIDEOGRAPHER: The time is 12:27 p.m. We are off the record.
(Off video record.)
- - -
(Whereupon, a brief recess was taken.)
(On video record.)
- - -
THE VIDEOGRAPHER: The time is 12:34 p.m. We are back on the record.
BY MR. AUSSPRUNG:
Q. Doctor, one of the things you said is that when you saw the patient sometime after 8:10 p.m. was that he was having some type of cardiac event; correct?
A. Correct.
Q. What was your differential diagnosis as to the type of cardiac event he was having at that point?

A. My impression was that he was having an acute MI.
Q. Was there any other possibility that you considered he was having at that point? Let me ask those questions again. This thing is causing me problems.
Doctor, when you saw the patient shortly after 8:10 p.m., you understood he had a cardiac event; correct?
A. Correct.
Q. What was your differential diagnosis of that cardiac event?
A. My impression was that he was having an acute MI, but other causes of acute onset of chest pain, hypotension on the list, included a pulmonary embolism, pericarditis, pericardial tamponade, and an aneurysm, a thoracic aneurysm, was in the differential as well.
Q. Why was it that a thoracic aneurysm was on your differential

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diagnosis list after 8:10 p.m. but not four hours earlier when you saw him in the emergency department?
A. When I saw him after 8:10 he had EKG changes consistent with an acute cardiac process. He was hypotensive, he was bradycardic, diaphoretic, in distress, obviously having a cardiac event.
Q. I believe you told me earlier that one of the reasons that Mr. Strimber was admitted was so that someone could do serial abdominal examinations; correct?
A. Correct.
Q. I saw in the medical record where serial cardiac enzymes were ordered; correct?
A. Yes.
Q. Was there anywhere in the chart where you documented that part of the plan for this patient was further abdominal examinations?
A. I didn't document that.

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Q. Why?
A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response.
Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency?
A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way.
Q. So, who was going to perform these serial abdominal examinations after you left?
A. Martinez was on call that night. If a nurse called her with a problem, she'd respond to it. But we signed out patients who have things -- that were having problems that we needed to follow on with, carry on with. That would not be the kind of thing I would sign out to her as he was admitted and

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stable at the time that we were signing out. So, we weren't discussing Mr. Strimber at our sign-out.
Q. Was it your understanding that your desire for serial abdominal examinations would be satisfied by waiting and doing an exam in the morning?
MR. YOUNG: Objection to the form of the question. You can respond.
THE WITNESS: My impression was that if the patient felt abdominal symptoms, the nurse would call the personal call and he would be examined at that time when it occurred.
BY MR. AUSSPRUNG:
Q. Well, that's different than performing serial examinations as a matter of routine; correct? That would be responding to a problem. Was it your intention to do examinations as a matter of routine during this less-than-24-hour admission?

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A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms.
Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct?
A. Correct.
Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm?
A. I did not.
Q. Did you ever ask any nurse to do that?
A. I don't recall.
Q. Did you see any documentation in the chart of that having been done?
A. I didn't see that.
Q. Are you aware of any time that blood pressures in both arms were taken and compared?
A. Well, I don't specifically

recall. It would not be unusual to ask for that when we were at his bedside and he was having problems after 8:10.
Q. Do you have any evidence that that in fact occurred for Mr. Strimber?
A. Not recorded in the chart.
Q. Do you have a memory of it happening?
A. My memory is that it happened and numbers were reported to me verbally at the bedside.
Q. When was that?
A. Sometime after 8:10 when I was attending to him when he was having his emergency.
Q. So after he became hypotensive, then blood pressures were obtained in the right arm versus the left arm?
A. Yes.
Q. Before that when you were evaluating his problem before he had his change in status, I think as you referred

to it, before he had his change in status, did anyone check his blood pressure in his right arm versus his left arm?
A. No.
Q. I asked you about order sets. There are protocol orders for chest pain. Are you aware of any protocol orders sets for chest pain in the computer at Abington Hospital?
A. No.
Q. Are you aware of any such order sets for abdominal pain in the computer at Abington Hospital?
A. No.
Q. Doctor, do you ever have any memories of any conversations with Mr. Strimber?
A. Yes.
Q. What do you remember of those conversations?
A. I remember a conversation of our admission in the ER talking about his reason for coming, his admission.

Q. Other than taking your history, do you remember conversations?
A. I remember the conversation we had when I returned and he was in trouble that evening.
Q. What do you remember about that?
A. I remember trying to reassure him that we're going to do everything to take care of him, outlined to him what was going to go on. He was sick and he could tell it and he wanted to speak to his family.
Q. Was he frightened?
A. Yes.
Q. Who did he ask to speak to?
A. Mrs. Strimber was present, his son was present, he wanted to speak to his daughter on the phone.
Q. Did you have any conversations that you can recall with any of Mr. Strimber's family members, his wife, his children?
A. We -- I mean, I was

informing them what was going on and what the plan was and trying to reassure.
Q. Any separate conversations you can recall?
A. With Mr. -- not in his presence. I mean, Mrs. Strimber went into the hallway when things were going really well and I went out to her and I had to obtain her consent for the catheterization. So, I spent a moment explaining to her what that was. I spent a few minutes with her but I was hurrying to return to him and do what had to be done so I --
Q. What did you tell her as to why --
MR. YOUNG: Hang on a second. I think you now interrupted her answer. She just wasn't finished.
BY MR. AUSSPRUNG:
Q. I'm sorry.
MR. YOUNG: Could you read back where the answer was? And

you can decide whether you were finished or not.

- - -

(Whereupon, the pertinent portion of the record was read.)

- - -

THE WITNESS: Your question is?

BY MR. AUSSPRUNG:

Q. Do you recall anything that you specifically told her were the reasons for the cardiac catheterization?

A. I told her -- I'm sure I said he looked like he might be having a heart attack in the cath lab and the cardiac catheterization was the best way to determine exactly what was going on and to get him the treatment that he needed.

Q. Did you ever mention the possibility of a thoracic aneurysm to Ms. Strimber?

A. I did not.

Q. Did you ever mention it to

nurse practitioner Martinez?

A. Probably not.

Q. Did you ever speak to any of the cardiologists?

A. From his room, I spoke to the cardiologist on call requesting emergent cardiac catheterization.

Q. Do you remember anything else about that conversation?

A. He said he'd be right in.

Q. Did you talk about anything in a differential diagnosis for him with the cardiologist during that conversation?

A. Our conversation was limited to these are the things I'm doing to try to stabilize him now, he needs to go to the cath lab, I'm on my way.

Q. In retrospect, he needed to go to the operating room; correct?

MR. YOUNG: Objection with regard to asking her for a retrospective opinion. I don't think it's an appropriate

question.

BY MR. AUSSPRUNG:

Q. After Mr. Strimber went to the cath lab, did you go home for the night?

A. Yes.

Q. Did you ever have any conversations with the Strimber's family after Mr. Strimber went to the cath lab?

A. No.

Q. Were you present when Mr. Strimber's family were informed that he had passed?

A. No.

Q. No further questions.

MR. CAMHI: I have no questions.

MR. GOEBEL: Nor do I.

MR. YOUNG: Nor do I.

MR. AUSSPRUNG: I'll just remind everyone that one of the reasons we videotaped this was that I know the doctor's health status is somewhat tenuous, and I

want to ensure that everyone has the opportunity to ask her questions now as this might be --

MR. YOUNG: Appreciate it.

MR. AUSSPRUNG: -- if the doctor is unavailable, just remind everyone.

THE VIDEOGRAPHER: The time is 12:44 p.m. This concludes today's deposition. We are off the record.

- - -

(Whereupon, the witness was excused.)

- - -

(Whereupon, the videotape deposition concluded at approximately 12:44 p.m.)

- - -

CERTIFICATE

I HEREBY CERTIFY that the witness was duly sworn by me and that the deposition is a true record of the testimony given by the witness.

It was requested before completion of the deposition that the witness, MARGO E. TURNER, M.D., have the opportunity to read and sign the deposition transcript.

Amy M. Murphy, a
Professional Court Reporter and
Notary Public
Dated: March 26, 2014

(The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or supervision of the certifying reporter.)

INSTRUCTIONS TO WITNESS

Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.

After doing so, please sign the errata sheet and date it.

You are signing same subject to the changes you have noted on the errata sheet, which will be attached to your deposition.

It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate and may be used in court.

ERRATA

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ACKNOWLEDGMENT OF DEPONENT

I,_____, do hereby certify that I have read the foregoing pages, 1 - 134, and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

_____
MARGO E. TURNER, M.D. DATE

Subscribed and sworn to before me this
_____ day of _____, 20____.
My commission expires:_____

_____
Notary Public

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